



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000105224 1. Entity Name WILLIAMS & JACOBS, ATTORNEYS AT LAW, LLC	
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Principal Place of Business 1720 SOUTH GADSDEN STREET, MS 14 SUITE 201 TALLAHASSEE, FL 32301	Mailing Address 1720 SOUTH GADSDEN STREET, MS 14, SUITE 201 TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MOSES
1720 SOUTH GADSDEN STREET, MS 14,
SUITE 201
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MOSES 1720 S. GADSDEN ST., MS 14, SUITE 201 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, LEON 1720 S. GADSDEN ST., MS 14, SUITE 201 TALLAHASSEE, FL 32301
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UD00000918307
05/13/08-80076-020 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: *Moses E. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #